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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 02375.0002040.

First Named Inventor or Application Identifier

LEE WARD

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)								
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)								
3. <input checked="" type="checkbox"/> Specification Total Pages 10	a. <input type="checkbox"/> Computer Readable Form (CRF)								
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 4	b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper								
5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 1	c. <input type="checkbox"/> Statements verifying identity of above copies								
a. <input type="checkbox"/> Newly executed (original or copy)									
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)									
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).									
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76									
<b>ACCOMPANYING APPLICATION PARTS</b> <table border="0"> <tbody> <tr> <td>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</td> <td>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document (if applicable)</td> <td>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13. <input type="checkbox"/> Preliminary Amendment</td> <td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</td> <td>16. <input type="checkbox"/> Other: _____</td> </tr> </tbody> </table>		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney	11. <input type="checkbox"/> English Translation Document (if applicable)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	16. <input type="checkbox"/> Other: _____
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15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	16. <input type="checkbox"/> Other: _____								

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. \_\_\_\_ /  
Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)			<input type="checkbox"/> Correspondence address below
NAME				
Address				
City		State		Zip Code
Country		Telephone		Fax



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	10-20 =	0	X \$ 18.00 =	\$ 0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 18.00 =	\$ 0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$ 0
				BASIC FEE (37 CFR 1.16(a))	\$ 750.00
			Total of above Calculations =		\$ 750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$ 750.00

## 19. Small entity status

- a.  A small entity statement is enclosed
- b.  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c.  Is no longer claimed.

20.  A check in the amount of \$ 750.00 to cover the filing fee is enclosed.21.  A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a.  Fees required under 37 CFR 1.16.
- b.  Fees required under 37 CFR 1.17.
- c.  Fees required under 37 CFR 1.18.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Pasquale A. Razzano (Reg. No. 25,512)
SIGNATURE	
DATE	August 12, 2003